

# EXECUTIVE LOBBYING EXPENDITURE REPORT FORM 507

- COVERING JANUARY 1 - JUNE 30, 2006 - DUE AUGUST 15
- COVERING JANUARY 1 - DECEMBER 31, \_\_\_\_\_ - DUE FEBRUARY 15

Mail to: the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808  
 OR  
 Fax to: (225)763-8787 or (225)763-8780



FOR OFFICE USE ONLY  
 Postmark Date: 8/18/06  
 ER 8/06  
 3061099

1. Name Ardoin Kenneth A.             
 Last First MI

2. Business Address: 7 Village Circle, Ste. 500, Westlake, TX 76262  
 Street and No. City State Zip

Mailing Address: 7 Village Circle, Ste. 500, Westlake, TX 76262

3. Business Phone (817) 491-8410  
 Area Code and Telephone Number

4. Total of all executive lobbying expenditures made January 1 through June 30: \$ 89.92  
 (Include expenditures from Schedules A and B)

5. Total of all executive lobbying expenditures made July 1 through December 31: \$ N/A  
 (When Applicable) (Include expenditures from Schedules A and B)

6. Total of all executive lobbying expenditures made during calendar year: \$ 89.92  
 (Line 4 added to Line 5 should equal Line 6)

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:

From January 1 through June 30? Yes  No   
 From July 1 through December 31? Yes  No  NA

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:

From January 1 through June 30? Yes  No   
 From July 1 through December 31? Yes  No  NA

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes  No

If the answer to Number 9 above is YES, complete Schedule B and attach.

**EXECUTIVE LOBBYING EXPENDITURE REPORT**



10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

1) a. Name of Department: Dept. of Health and Hospitals  
 b. Total of all expenditures made January 1 through June 30: \$ 89.92  
 c. Total of all expenditures made July 1 through December 31: \$ N/A  
 (When applicable)  
 d. Total of all expenditures made during the calendar year: \$ 89.92

2) a. Name of Department: N/A  
 b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_  
 c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
 (When applicable)  
 d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_

3) a. Name of Department: N/A  
 b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_  
 c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
 (When applicable)  
 d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_

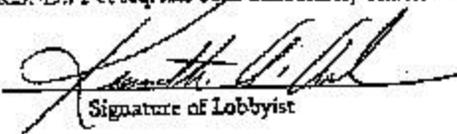
11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency.

1) a. Name of Department and Individual Agency: Dept. of Health and Hospitals, The Medicaid Drug Program Ctr.  
 b. Total of all expenditures made January 1 through June 30: \$ 67.75  
 c. Total of all expenditures made July 1 through December 31: \$ N/A  
 (When applicable)  
 d. Total of all expenditures made during the calendar year: \$ 67.75

- 2) a. Name of Department and Individual Agency: Dept. of Health & Hospitals, Office of Management and Finance  
 b. Total of all expenditures made January 1 through June 30: \$ 22.17  
 c. Total of all expenditures made July 1 through December 31: \$ N/A  
 (When applicable)  
 d. Total of all expenditures made during the calendar year: \$ 22.17
- 5) a. Name of Department and Individual Agency: N/A  
 b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_  
 c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
 (When applicable)  
 d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

  
Signature of Lobbyist

